Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7105	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA HEALTH CARE CENTER	444 ONE ELEVEN PLACE COOKEVILLE, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards. The findings include: Observation to the chart room by room 400 on 7/17/11 at 9:52 AM, revealed a hole in the wall. This finding was acknowledged by the Director of Nurses and verified by the Director of Maintenance at the exit conference on 7/17/11.	N 832	1200-8-6-.08(2) Building Standards Requirement: The physical plant will be maintained in such a manner that the safety and well being of residents are assured. Corrective Action: 1. On 7/17/11 the Maintenance Director repaired the hole in the wall in the chart room on 400 hall. 2. On 7/17/11 the Maintenance Director inspected the facility to ensure that there were no other holes in walls. 3. On 8/1/11 the Maintenance Director was inserviced by the Administrator regarding the facility wall maintenance. 4. The Maintenance Director and the Maintenance Assistant will monitor weekly to ensure that holes in walls are repaired timely. Findings will be reviewed in Quality Assurance Committee	8/1/11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 8/3/11

AUG 23 2011